Notes

Fairfield County CAN Meeting

10/19/2016

10:00 AM – 11:30 AM

Attendees: AnaVivian Escalante, Carmen Colon, Chris Jachino, Crystal Price, Elizabeth King, Helen McAlinden (cochair), Hernan Bohoquez, Izora Ebron, Karen Marin, Keith Brown, Lisa Cooper, Maria Guzman, Mary Dunleavy, Meaghan Dwyer, Rob Lockhart

Staff: Jenita Hayes, Lauren Zimmermann

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| Quick Housekeeping / General Business  Reminder: Updated HMIS Forms Posted to CT HMIS Website  TAY VI SPDAT:   * “Determining Homeless Status of Youth” Handout distributed [attached] as guidance for when to administer tool with young adults. Families with HOH(s) between ages of 18-24 should be administered a Family VI SPDAT * Decision Point: Staff should begin using the tool when engaging with individual young adults as soon as possible, but no later than Monday, October 21st. * Note to pay close attention to Category 4 Homelessness. Young adults fleeing or attempting to flee housing because of dangerous, life-threatening conditions or fear of such conditions if young adult were to return should be considered homeless and a TAY VI SPDAT should be administered.   Cold Weather Protocol Update:   * $20,000 has been retained in budget to operate United Congregational Church Overflow Shelter in Bridgeport this winter. Updated protocols will be distributed prior to activation.   Update on Outreaching / Engaging Clients w/o Contact Information:   * Convening regional outreach staff this quarter to better align resources. Top priority agenda items will include how to ensure clients who do not have reliable means of communication are still provided access to resources appropriately. |
| Shelter Waitlist  Policy Recommendations:   * FC CAN Emergency Shelter Waitlist prioritized as follows:  1. Sleeping on streets / abandoned buildings verified or confirmed by PATH Outreach and/or DMHAS HOT 2. Sleeping in a vehicle / other place not meant for human habitation verified or confirmed by PATH Outreach and/or DMHAS HOT 3. Self-reported street / abandoned building 4. Self-reported vehicle / other place not meant for human habitation 5. Imminent discharge (48 hrs) from other systems (hospital, inpatient, DOC, DV shelter) 6. Households currently doubled up with recent (need to define) unsheltered stay  * All other households will be added to a “Hold” Waitlist in case they later fall into one of above categories post-CAN appointment. This list will be purged quarterly, at a minimum.   Other Notes from Discussion:   * Above prioritizing changes support work of outreach staff to engage clients and support their transition into emergency shelter. * Suggestion to have a Navigator for each shelter to restore some of the natural / informal engagement conversations with clients that used to occur prior to CAN. Navigation cases could then be assigned to shelters depending on preference and appropriate accommodations (service animals, wheelchairs, etc.) * Suggestion to have existing Navigator caseloads redistributed so they are mutually exclusive, which would provide local staff clarity as to which Navigator will be assigned to case while client is still at CAN appt * Need to increase transparency regarding shelter policies and accommodations so all CAN staff and Navigators are clear on where their clients can be appropriately matched to shelter * Other things to consider re: prioritization criteria: doubled up households jeopardizing friend’s/family’s housing * IDEA: Establishing a “Safe Parking Lot” for clients residing in cars. Following harm reduction model, this would alleviate some of the dangers of sleeping in a vehicle, support local outreach and engagement efforts, and facilitate better partnerships with law enforcement and emergency services. |
| Language  Policy Recommendations:   * Consistent language at 211 and local CAN Appointments should include: * Introducing call / appointment:   + CAN Appointment is not a shelter or housing intake, and does not mean immediate access to either shelter or housing   + CAN Appointment is meant to help you identify a place to stay because shelters are full / have long waitlists, and housing waitlists are years long   + Caller should expect to explore all options / identify all possibilities to avoid shelter   + 211 should use similar language to explain 211 call     - Preface with something to the effect of “If we can’t come up with a plan over the phone, the person you meet with will help explore further options including friends, family, etc.”   + Language to avoid: housing, voucher, Section 8, resources   + Avoid scheduling multiple CAN Appointments   + All staff at 211 and local level must be comfortable with direct, clear, firm, etc. communication styles * Explaining emergency shelter and waitlist should include that emergency shelter is for emergency purposes only, and is only available on a short term basis * Closing out a CAN Appointment best practice is to provide client with CAN Appointment staff’s contact information, and inform them that if their situation changes before they hear from someone, to call them back directly * Protocol for future engagement with clients requesting updates   + If agency has capacity...     - Staff will check SmartSheet to provide client with update on current status     - Staff will reference any notes, contact attempts, or previous work to match client to shelter     - Staff must ask client where they slept last night and confirm contact information     - Staff will note client’s request for update and any information exchanged in SmartSheet   + If agency does not have capacity for the above protocol...     - Staff will take updated contact information and where client slept last night     - Staff will enter updated information and client’s request for update in SmartSheet in timely manner (within 24 hours)     - Staff will confirm with client that they will receive a call from local staff to follow up as soon as possible (either from a Navigator trigged by the SmartSheet note, or from a shelter)   General Points:   * ALWAYS ask client where they slept last night, whether it’s a Navigator follow up, client calling for update, shelter calling to schedule an intake, etc. * 211 should be referring clients looking for “housing” to local affordable housing waitlists / signing households up for 211’s email distribution alert system for opening waitlists statewide * Clients are often told to call 211 but may not even understand purpose of the call * Client Take Away must be revised to reflect updated language * Other things to consider “scripting” or developing consistent messaging: housing availability, including responses to “I saw so and so get their Section 8”, etc. |
| Next Meeting: Wednesday, November 16th from 10:00 – 11:30 AM, Location TBD |